

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

LIBERTARIAN NATIONAL COMMITTEE

ADDRESS (number and street)

2600 Virginia Ave NW

Suite 200

☐Check if different
than previously
reported. (ACC)

Washington

DC

20037

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00255695

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☒

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

03

01

2008

through

03

31

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Aaron Starr

Signature of Treasurer

Electronically Filed by Aaron Starr

Date

04

20

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
LIBERTARIAN NATIONAL COMMITTEE

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	3	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2008		113159.23
(b) Cash on Hand at Beginning of Reporting Period	132277.52	
(c) Total Receipts (from Line 19)	167635.37	368626.43
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	299912.89	481785.66
7. Total Disbursements (from Line 31)	117002.62	298875.39
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	182910.27	182910.27
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	10394.51	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

LIBERTARIAN NATIONAL COMMITTEE

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	3	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	68647.39	109252.39
(i) Itemized (use Schedule A)		
(ii) Unitemized	95583.48	249684.54
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	164230.87	358936.93
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	3185.00	9470.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ➤	167415.87	368406.93
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	219.50	219.50
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	167635.37	368626.43
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	167635.37	368626.43

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	117002.62	298700.39
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	117002.62	298700.39
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	175.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	175.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	117002.62	298875.39
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	117002.62	298875.39

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	167415.87	368406.93
34. Total Contribution Refunds (from Line 28(d))	0.00	175.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	167415.87	368231.93
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	117002.62	298700.39
37. Offsets to Operating Expenditures (from Line 15, page 3)	219.50	219.50
38. Net Operating Expenditures (subtract Line 37 from Line 36)	116783.12	298480.89

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Michael L. Abrams

Mailing Address 2703 Westgate St

City

Houston

State

TX

Zip Code

77098-1413

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Technology Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.13607

Amount of Each Receipt this Period

100.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Richard Amidon

Mailing Address 100 Antrim Rd

City

Hancock

State

NH

Zip Code

03449-5605

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Hampshire Legislature

Occupation

Staff Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.13666

Amount of Each Receipt this Period

75.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Richard Amidon

Mailing Address 100 Antrim Rd

City

Hancock

State

NH

Zip Code

03449-5605

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Hampshire Legislature

Occupation

Staff Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.13667

Amount of Each Receipt this Period

50.00

Contribution

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Harold Anagnos

Mailing Address 50 N Brockway St Ste 3-1

City

Palatine

State

IL

Zip Code

60067-5068

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lumex Inc

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.13668

Amount of Each Receipt this Period

100.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Donald Norton Anderson

Mailing Address 1885 Craigs Store Rd

City

Afton

State

VA

Zip Code

22920-2013

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.13675

Amount of Each Receipt this Period

50.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Douglas J. Anderson

Mailing Address 380 S Quail St

City

Lakewood

State

CO

Zip Code

80226-2534

FEC ID number of contributing
federal political committee.

C

Name of Employer
City of Lakewood

Occupation

Councilman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

590.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.13676

Amount of Each Receipt this Period

30.00

Contribution

SUBTOTAL of Receipts This Page (optional)

180.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ruth S. Andrasco

Mailing Address 2410 Kegwood Ln

City

Bowie

State

MD

Zip Code

20715-2821

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Ronald Sroka

Occupation

Medical Reception

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.13686

Amount of Each Receipt this Period

50.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Mett B. Ausley

Mailing Address 3412 Waccamaw Shores Rd

City

Lake Waccamaw

State

NC

Zip Code

28450-9442

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cypress Pathology

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.13744

Amount of Each Receipt this Period

300.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Alan D. Bannister

Mailing Address 1340 Creekwood Cv

City

Lawrenceville

State

GA

Zip Code

30045-7100

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Poker Player

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.13795

Amount of Each Receipt this Period

75.00

Contribution

SUBTOTAL of Receipts This Page (optional)

425.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Larry Barnett

Mailing Address 1712 Apple Tree Ln

City

Fort Mill

State

SC

Zip Code

29715-9100

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.13814

Amount of Each Receipt this Period

250.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Peter Beary

Mailing Address 433 Upstream St

City

New Orleans

State

LA

Zip Code

70123-2835

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Writer/activist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.13854

Amount of Each Receipt this Period

200.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Arthur Bernard Benson

Mailing Address 14103 Double Pine Dr

City

Houston

State

TX

Zip Code

77015-1627

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.13893

Amount of Each Receipt this Period

200.00

Contribution

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

James A. Birchfield

Mailing Address 11245 Park Central Pl

City

Dallas

State

TX

Zip Code

75230-3353

FEC ID number of contributing
federal political committee.

C

Name of Employer
FAA

Occupation

Air Traffic Cont.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.13941

Amount of Each Receipt this Period

250.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Barry B. Bishop

Mailing Address 541 Hamilton St
Apt D

City

Costa Mesa

State

CA

Zip Code

92627-8507

FEC ID number of contributing
federal political committee.

C

Name of Employer
AT-Tech

Occupation

Technician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.13945

Amount of Each Receipt this Period

250.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Oliver W. Bivins

Mailing Address 2607 Wolflin Vlg

City

Amarillo

State

TX

Zip Code

79109-1838

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.13953

Amount of Each Receipt this Period

300.00

Contribution

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

O. Bleicki

Mailing Address PO Box 774

City

State

Zip Code

Reserve

NM

87830-0774

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.13979

Amount of Each Receipt this Period

1300.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Tim Blessing

Mailing Address 108 Pinnacle Ln

City

State

Zip Code

Easley

SC

29642-3343

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.13980

Amount of Each Receipt this Period

30.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Tim Blessing

Mailing Address 108 Pinnacle Ln

City

State

Zip Code

Easley

SC

29642-3343

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.13981

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1430.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Van Ryan Breuggeman

Mailing Address 13747 E Us Highway 92

City

Dover

State

FL

Zip Code

33527-3803

FEC ID number of contributing
federal political committee.

C

Name of Employer
My Own Flesh

Occupation

Small Business

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.14088

Amount of Each Receipt this Period

250.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Richard Bronstein

Mailing Address 6220 Enfield Ave

City

Encino

State

CA

Zip Code

91316-7106

FEC ID number of contributing
federal political committee.

C

Name of Employer
Green Sky Insurance Servi-
ces

Occupation

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.14103

Amount of Each Receipt this Period

250.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Torben Bruck

Mailing Address 7200 Melody Ln Unit 15

City

La Mesa

State

CA

Zip Code

91942-1405

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stratagene Cloning Systems

Occupation

Biochemical Engineers

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.14136

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

James E. Burian

Mailing Address PO Box 78262

City

Shreveport

State

LA

Zip Code

71137-8262

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ark-La-Tex

Occupation

Avionics Tech Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.78

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.14178

Amount of Each Receipt this Period

100.39

Contribution

B.

Full Name (Last, First, Middle Initial)

Raymond Groves Burrington

Mailing Address C/of Estate of R. G. Burrington
109 Northshore Dr Ste 303

City

Knoxville

State

TN

Zip Code

37919-4925

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Deceased

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.14185

Amount of Each Receipt this Period

28500.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Wallace Howard Burton

Mailing Address 213 S 4th St

City

Festus

State

MO

Zip Code

63028-2210

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.14191

Amount of Each Receipt this Period

50.00

Contribution

SUBTOTAL of Receipts This Page (optional)

28650.39

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Thomas W. Carpenter

Mailing Address 302 Freeman St

City

Hot Springs

State

AR

Zip Code

71913-4841

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.14262

Amount of Each Receipt this Period

50.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Robert V. Castro

Mailing Address 3977 Darby Ln

City

Seaford

State

NY

Zip Code

11783-3604

FEC ID number of contributing
federal political committee.

C

Name of Employer
BDO Seidman, LLP

Occupation
CPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.14282

Amount of Each Receipt this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Michael C. Colley

Mailing Address 444 Magnolia Dr

City

Gulf Shores

State

AL

Zip Code

36542-4408

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired (U.S. Navy)

Occupation
Vice Admiral, Ret.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.14399

Amount of Each Receipt this Period

150.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Michael C. Colley

Mailing Address 444 Magnolia Dr

City

Gulf Shores

State

AL

Zip Code

36542-4408

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired (U.S. Navy)

Occupation

Vice Admiral, Ret.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.14400

Amount of Each Receipt this Period

100.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Michael C. Colley

Mailing Address 444 Magnolia Dr

City

Gulf Shores

State

AL

Zip Code

36542-4408

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired (U.S. Navy)

Occupation

Vice Admiral, Ret.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.14401

Amount of Each Receipt this Period

100.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Francis D. Corbin

Mailing Address PO Box 525

City

Dillingham

State

AK

Zip Code

99576-0525

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nushugak Cooperative

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.14463

Amount of Each Receipt this Period

250.00

Contribution

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ed Croker

Mailing Address PO Box 128

City

Edwardsville

State

AL

Zip Code

36261-0128

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.14507

Amount of Each Receipt this Period

500.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Everett J. DeJager

Mailing Address 8622 Plainfield Ln

City

Cincinnati

State

OH

Zip Code

45236-1704

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.14579

Amount of Each Receipt this Period

55.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Patrick J. Dixon

Mailing Address 5002 Sundown St

City

Lago Vista

State

TX

Zip Code

78645-6066

FEC ID number of contributing
federal political committee.

C

Name of Employer
DPAS INC

Occupation

Consultant

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3125.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.14644

Amount of Each Receipt this Period

50.00

Contribution

SUBTOTAL of Receipts This Page (optional)

605.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Michael L. Donahue

Mailing Address 8405 Wyatt Way NE

City

Bainbridge Island

State

WA

Zip Code

98110-1715

FEC ID number of contributing
federal political committee.

C

Name of Employer
National City Bank of MI/-
IL

Occupation

Trust Banker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.14655

Amount of Each Receipt this Period

75.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Carl M. Dye

Mailing Address PO Box 577820

City

Chicago

State

IL

Zip Code

60657-7820

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed, ASA

Occupation

Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.14729

Amount of Each Receipt this Period

100.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Tom Elkins

Mailing Address 1305 Cordillera Trce

City

Boerne

State

TX

Zip Code

78006-4235

FEC ID number of contributing
federal political committee.

C

Name of Employer
Petrospect

Occupation

Inspector

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.14788

Amount of Each Receipt this Period

250.00

Contribution

SUBTOTAL of Receipts This Page (optional)

425.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Carl G. Ellis

Mailing Address 2606 W Hill Rd

City

Roxbury

State

VT

Zip Code

05669-9732

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ethan Allen, Inc.

Occupation
Watchman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.14793

Amount of Each Receipt this Period

450.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Lana Renee Ethridge

Mailing Address PO Box 1320

City

Ridgeland

State

MS

Zip Code

39158-1320

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eric Realty, Inc

Occupation
Chief Operations Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.14824

Amount of Each Receipt this Period

250.00

Contribution

C.

Full Name (Last, First, Middle Initial)

John P. Evans

Mailing Address 515 Lake St S
Apt 305

City

Kirkland

State

WA

Zip Code

98033-6446

FEC ID number of contributing
federal political committee.

C

Name of Employer
Solutions, IQ

Occupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.14830

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 19 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Julian Fondren

Mailing Address 217 Cardinal Ct

City

Hartsville

State

SC

Zip Code

29550-2873

FEC ID number of contributing
federal political committee.

C

Name of Employer
United States Air Force

Occupation
Military

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.14915

Amount of Each Receipt this Period

85.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Heather Foti

Mailing Address 420 E Ohio St Apt 29A

City

Chicago

State

IL

Zip Code

60611-4663

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.14926

Amount of Each Receipt this Period

100.00

Contribution

C.

Full Name (Last, First, Middle Initial)

June R. Genis

Mailing Address 142 Rainbow Dr # 4275

City

Livingston

State

TX

Zip Code

77399-1042

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.15031

Amount of Each Receipt this Period

85.00

Contribution

SUBTOTAL of Receipts This Page (optional)

270.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ernest Hancock

Mailing Address 5739 N 11th Way

City

Phoenix

State

AZ

Zip Code

85014-2242

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pizza Belly

Occupation

Restaurant Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.15248

Amount of Each Receipt this Period

560.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Ernest Hancock

Mailing Address 5739 N 11th Way

City

Phoenix

State

AZ

Zip Code

85014-2242

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pizza Belly

Occupation

Restaurant Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1145.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.15249

Amount of Each Receipt this Period

560.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Leslie C. Hardison

Mailing Address 26803 W Apple Tree Ln

City

Barrington

State

IL

Zip Code

60010-2437

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.15263

Amount of Each Receipt this Period

500.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1620.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Wayne E. Harley

Mailing Address 1315 Richmond Dr

City

Melbourne

State

FL

Zip Code

32935-5325

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rockwell Collins Avionics

Occupation

Sr Eng Test Technician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.15267

Amount of Each Receipt this Period

100.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Wyatt Rushton Haskell

Mailing Address 2964 Cherokee Rd

City

Birmingham

State

AL

Zip Code

35223-2609

FEC ID number of contributing
federal political committee.

C

Name of Employer
Haskell Slaughter & Young

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.15296

Amount of Each Receipt this Period

250.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Bert G. Hassler

Mailing Address 128 Elkins Ave

City

Arcadia

State

CA

Zip Code

91006-1711

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.15304

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mary A. Haynes

Mailing Address 4610 S County Line Rd W

City

Yoder

State

IN

Zip Code

46798-9503

FEC ID number of contributing
federal political committee.

C

Name of Employer
Critical Care Systmes

Occupation

Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.15332

Amount of Each Receipt this Period

100.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Ken Heinemann

Mailing Address 3901 S Via Del Ruisenor

City

Green Valley

State

AZ

Zip Code

85614-5017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.15347

Amount of Each Receipt this Period

25.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Ken Heinemann

Mailing Address 3901 S Via Del Ruisenor

City

Green Valley

State

AZ

Zip Code

85614-5017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.15348

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 103

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Phillip Michael Herrin

Mailing Address 135 RayRidge Rd

City

Albany

State

KY

Zip Code

42602-9803

FEC ID number of contributing
federal political committee.

C

Name of Employer
US Army Corps Of Eng.

Occupation

PowerPlant Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	8	/	2	0	0	8

Transaction ID: SA11AI.15389

Amount of Each Receipt this Period

50.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Sharon Herrmann

Mailing Address 108 Kitty Dr

City

Grafton

State

VA

Zip Code

23692-3245

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	0	8

Transaction ID: SA11AI.15391

Amount of Each Receipt this Period

250.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Richard T. Hogan

Mailing Address 4425 Shorewood Dr N

City

Hoffman Estates

State

IL

Zip Code

60192-1018

FEC ID number of contributing
federal political committee.

C

Name of Employer
Zurich North America

Occupation

Systems Programmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	0	8

Transaction ID: SA11AI.15441

Amount of Each Receipt this Period

50.00

Contribution

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Richard E. Hooker

Mailing Address 1565 Lafayette St Apt 31

City

Denver

State

CO

Zip Code

80218-1547

FEC ID number of contributing
federal political committee.

C

Name of Employer
Disabel

Occupation
Disabel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.15473

Amount of Each Receipt this Period

600.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Lincoln B. Hubbard

Mailing Address 4113 W End Rd

City

Downers Grove

State

IL

Zip Code

60515-2307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hubbard, Broadbent & Asso-
ciates LTD.

Occupation
Radiological Physicist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.15515

Amount of Each Receipt this Period

100.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Lincoln B. Hubbard

Mailing Address 4113 W End Rd

City

Downers Grove

State

IL

Zip Code

60515-2307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hubbard, Broadbent & Asso-
ciates LTD.

Occupation
Radiological Physicist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.15516

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Stephen Hutchens

Mailing Address 9914 Travis St

City

Denver

State

CO

Zip Code

80229-2655

FEC ID number of contributing
federal political committee.

C

Name of Employer
US Postal Service

Occupation
Mechanic

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

545.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.15547

Amount of Each Receipt this Period

15.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Daniel John Imperato

Mailing Address 777 S Flagler Dr FI 22

City

West Palm Beach

State

FL

Zip Code

33401-6161

FEC ID number of contributing
federal political committee.

C

Name of Employer
Imperiali Organization

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.15565

Amount of Each Receipt this Period

4000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Charles M. Jensen

Mailing Address 2630 Muirfield Dr

City

Westland

State

MI

Zip Code

48186-5491

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ford Motor Company (Retir-
ed)

Occupation
Retired Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.15614

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)

4115.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 103

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Robert D. Kampia

Mailing Address 1000 Park Road, NW

City

Washington

State

DC

Zip Code

20013-0000

FEC ID number of contributing
federal political committee.

C

Name of Employer
Marijuana Policy Project

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	3	/	2	0	0	8

Transaction ID: SA11AI.15676

Amount of Each Receipt this Period

85.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Daniel M. Karlan

Mailing Address 97 Manhattan Ave

City

Waldwick

State

NJ

Zip Code

07463-2228

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self employed

Occupation

Author

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	8	/	2	0	0	8

Transaction ID: SA11AI.15685

Amount of Each Receipt this Period

100.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Edward W. Karpinski

Mailing Address 3457 Iroquois St

City

Detroit

State

MI

Zip Code

48214-1839

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	3	/	2	0	0	8

Transaction ID: SA11AI.15686

Amount of Each Receipt this Period

15.00

Contribution

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Jeremy Keil

Mailing Address 3808 S 102nd St

City

Milwaukee

State

WI

Zip Code

53228-1328

FEC ID number of contributing
federal political committee.

C

Name of Employer
Thrivent Financial

Occupation

Financial Associate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.15708

Amount of Each Receipt this Period

50.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Erik Christopher Kelley

Mailing Address 6617 S Palm Dr

City

Tempe

State

AZ

Zip Code

85283-3705

FEC ID number of contributing
federal political committee.

C

Name of Employer
Laboratory Corporation of
America

Occupation

Technologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.15712

Amount of Each Receipt this Period

150.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Erik Christopher Kelley

Mailing Address 6617 S Palm Dr

City

Tempe

State

AZ

Zip Code

85283-3705

FEC ID number of contributing
federal political committee.

C

Name of Employer
Laboratory Corporation of
America

Occupation

Technologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.15713

Amount of Each Receipt this Period

300.00

Contribution

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 103

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Rebecca Kelly

Mailing Address 700 Greystone Park NE

City

Atlanta

State

GA

Zip Code

30324-5297

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southern TechOccupation
Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	3	/	2	0	0	8

Transaction ID: SA11AI.15718

Amount of Each Receipt this Period

85.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Rebecca Kelly

Mailing Address 700 Greystone Park NE

City

Atlanta

State

GA

Zip Code

30324-5297

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southern TechOccupation
Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	0	8

Transaction ID: SA11AI.15719

Amount of Each Receipt this Period

40.00

Contribution

C.

Full Name (Last, First, Middle Initial)

R.J. Kerr

Mailing Address 2125 N Jay St

City

Kokomo

State

IN

Zip Code

46901-1619

FEC ID number of contributing
federal political committee.

C

Name of Employer
DelcoOccupation
Pipefitter

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	9	/	2	0	0	8

Transaction ID: SA11AI.15742

Amount of Each Receipt this Period

300.00

Contribution

SUBTOTAL of Receipts This Page (optional)

425.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 103

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Edward Klapproth

Mailing Address 1021 Prestwick St

City

Las Vegas

State

NV

Zip Code

89145-8520

FEC ID number of contributing
federal political committee.

C

Name of Employer
CCSNOccupation
Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	3	/	2	0	0	8

Transaction ID: SA11AI.15794

Amount of Each Receipt this Period

85.00

Contribution

B.

Full Name (Last, First, Middle Initial)

David F. Klein

Mailing Address 254 Township Line Rd

City

Port Angeles

State

WA

Zip Code

98362-7433

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information RequestedOccupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	3	/	2	0	0	8

Transaction ID: SA11AI.15797

Amount of Each Receipt this Period

100.00

Contribution

C.

Full Name (Last, First, Middle Initial)

John A. Kleiner

Mailing Address 46 Greenfield Dr

City

Moraga

State

CA

Zip Code

94556-1333

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information RequestedOccupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	4	/	2	0	0	8

Transaction ID: SA11AI.15802

Amount of Each Receipt this Period

480.00

Contribution

SUBTOTAL of Receipts This Page (optional)

665.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Jack T. Krauser

Mailing Address 3017 Embassy Drive

City

West Palm Beach

State

FL

Zip Code

33401-0000

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.15856

Amount of Each Receipt this Period

250.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Ben Lake

Mailing Address 7601 Churchill Way Apt 1729

City

Dallas

State

TX

Zip Code

75251-1946

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wieck Media

Occupation

Web Developer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.15906

Amount of Each Receipt this Period

100.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Emily Larocque

Mailing Address PO Box 429

City

Kekaha

State

HI

Zip Code

96752-0429

FEC ID number of contributing
federal political committee.

C

Name of Employer
SAIC

Occupation

Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.15937

Amount of Each Receipt this Period

500.00

Contribution

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Walter Lineberger

Mailing Address 20 Towne Dr # 395

City

Bluffton

State

SC

Zip Code

29910-4204

FEC ID number of contributing
federal political committee.

C

Name of Employer
Personalized Brokerage Se-
vice

Occupation
Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.16044

Amount of Each Receipt this Period

100.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Paul F. List

Mailing Address PO Box 64

City

Newberry

State

MI

Zip Code

49868-0064

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.16056

Amount of Each Receipt this Period

360.00

Contribution

C.

Full Name (Last, First, Middle Initial)

David L. Maris

Mailing Address 684 Benicia Dr

City

Santa Rosa

State

CA

Zip Code

95409-3058

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.16174

Amount of Each Receipt this Period

200.00

Contribution

SUBTOTAL of Receipts This Page (optional)

660.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

David R. Mason

Mailing Address 2234 E Crosby Rd

City

Carrollton

State

TX

Zip Code

75006-7744

FEC ID number of contributing
federal political committee.

C

Name of Employer
Verizon Wireless

Occupation

Telecom Engineer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.16201

Amount of Each Receipt this Period

200.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Michael J. McClung

Mailing Address PO Box 463

City

Blackwell

State

OK

Zip Code

74631-0463

FEC ID number of contributing
federal political committee.

C

Name of Employer
Werner Enterprises

Occupation

Truck Driver

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.16264

Amount of Each Receipt this Period

50.00

Contribution

C.

Full Name (Last, First, Middle Initial)

John W. McCoy

Mailing Address 1278 Cleveland Ave Unit 3

City

San Diego

State

CA

Zip Code

92103-3370

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sparta, Inc.

Occupation

Materials Scien.

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.16274

Amount of Each Receipt this Period

250.00

Contribution

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 103

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Donald L. McDaniel

Mailing Address PO Box 1111

City

Astoria

State

OR

Zip Code

97103-1111

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

422.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	1		2	0	0	8

Transaction ID: SA11AI.16287

Amount of Each Receipt this Period

422.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Guy C. McLendon

Mailing Address 8011 Duffield Ln

City

Houston

State

TX

Zip Code

77071-2016

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gitgo Petroleum Corp.Occupation
Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	0	8

Transaction ID: SA11AI.16334

Amount of Each Receipt this Period

250.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Andrew L. Messenger

Mailing Address 10634 Moshie Ln

City

San Antonio

State

FL

Zip Code

33576-7965

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information RequestedOccupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	0	8

Transaction ID: SA11AI.16371

Amount of Each Receipt this Period

500.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1172.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Harold R. Minchew

Mailing Address 4 Black Hawk Trl

City

Savannah

State

GA

Zip Code

31411-2844

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.16423

Amount of Each Receipt this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Stephen W. Modzelewski

Mailing Address 1578 River Rd

City

New Hope

State

PA

Zip Code

18938-9267

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Watermark Group

Occupation
Computer Programmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.16440

Amount of Each Receipt this Period

75.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Ronald G. Moore

Mailing Address 208 E 13th St Apt 3F

City

New York

State

NY

Zip Code

10003-5604

FEC ID number of contributing
federal political committee.

C

Name of Employer
Marketing Technologies Group

Occupation
Computer Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.16487

Amount of Each Receipt this Period

250.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1325.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Eduard E. Morf

Mailing Address 908 14th St

City

Hermosa Beach

State

CA

Zip Code

90254-4011

FEC ID number of contributing
federal political committee.

C

Name of Employer
Unitrans Int'l Corp.

Occupation

Exec. VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.16490

Amount of Each Receipt this Period

400.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Chuck Moulton

Mailing Address 418 S 3rd St Apt 6

City

San Jose

State

CA

Zip Code

95112-5716

FEC ID number of contributing
federal political committee.

C

Name of Employer
Villanova Law School

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.16523

Amount of Each Receipt this Period

100.00

Contribution

C.

Full Name (Last, First, Middle Initial)

George W. Mowbray

Mailing Address 3649 Burton Ln

City

Lake Charles

State

LA

Zip Code

70605-1025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lake Charles Pilots, Inc.

Occupation

River Pilot

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.16526

Amount of Each Receipt this Period

150.00

Contribution

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Michael Munger

Mailing Address 10020 Bushveld Ln

City

Raleigh

State

NC

Zip Code

27613-6144

FEC ID number of contributing
federal political committee.

C

Name of Employer
Duke University

Occupation

Chairman, Political Scienc

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.16546

Amount of Each Receipt this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

William F. Murley

Mailing Address 9334 S St

City

Ralston

State

NE

Zip Code

68127-3435

FEC ID number of contributing
federal political committee.

C

Name of Employer
City of Tarpon Springs

Occupation

Water Treatment Plant Ope

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

357.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.16554

Amount of Each Receipt this Period

250.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Cynthia L. Myers

Mailing Address 111 Elmwood Ave

City

Narberth

State

PA

Zip Code

19072-2409

FEC ID number of contributing
federal political committee.

C

Name of Employer
Paul, Reich & Myers, P.C.

Occupation

Attorney

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.16565

Amount of Each Receipt this Period

200.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Clint Nall

Mailing Address 2250 Fairfax Dr

City

Alpharetta

State

GA

Zip Code

30004-1477

FEC ID number of contributing
federal political committee.

C

Name of Employer
AT&T

Occupation
comp.system analy.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.16576

Amount of Each Receipt this Period

250.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Carolyn D. Nash

Mailing Address 723 Falls Grove Dr Apt 4113

City

Rockville

State

MD

Zip Code

20850-7786

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.16579

Amount of Each Receipt this Period

550.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Carolyn D. Nash

Mailing Address 723 Falls Grove Dr Apt 4113

City

Rockville

State

MD

Zip Code

20850-7786

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.16580

Amount of Each Receipt this Period

500.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

John L. Nemeth

Mailing Address 7924 W Juniper Shadows Way

City

Tucson

State

AZ

Zip Code

85743-5462

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.16596

Amount of Each Receipt this Period

100.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Aubrey D. O'Connor

Mailing Address PO Box 69

City

Smithville

State

AR

Zip Code

72466-0069

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Farmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.16676

Amount of Each Receipt this Period

300.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Martin Ohlsen

Mailing Address 2594 Leopold Way Apt. 112

City

Sun Prairie

State

WI

Zip Code

53590-0000

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tek Systems

Occupation
IT Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.16688

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Jeff A. Orrok

Mailing Address 161 Del Mar Cir

City

Aurora

State

CO

Zip Code

80011-8220

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Web Hosting & Design

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.16720

Amount of Each Receipt this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Christian Padgett

Mailing Address 560 N Erie Ave

City

Lindenhurst

State

NY

Zip Code

11757-3441

FEC ID number of contributing
federal political committee.

C

Name of Employer
US Postal Service

Occupation

Letter Carrier

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.16750

Amount of Each Receipt this Period

250.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Steven Penhall

Mailing Address 9465 Pino Dr

City

Lakeside

State

CA

Zip Code

92040-4336

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saudia Pueblo

Occupation

Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.16810

Amount of Each Receipt this Period

550.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Pamela P. Potter

Mailing Address 538 Spring Place Rd NE

City

White

State

GA

Zip Code

30184-2232

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.16892

Amount of Each Receipt this Period

500.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Dick Randolph

Mailing Address 610 12th Ave

City

Fairbanks

State

AK

Zip Code

99701-4643

FEC ID number of contributing
federal political committee.

C

Name of Employer
State Farm Ins.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.16957

Amount of Each Receipt this Period

500.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Lois Reynolds

Mailing Address 6302 1st St

City

Bellaire

State

TX

Zip Code

77401-3402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.17007

Amount of Each Receipt this Period

250.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Jim R. Rogers

Mailing Address PO Box 12773

City

Odessa

State

TX

Zip Code

79768-2773

FEC ID number of contributing
federal political committee.

C

Name of Employer
Premier Precision Mfg, Inc

Occupation

Machinist/Owner

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.17073

Amount of Each Receipt this Period

500.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Paul D. Rolig

Mailing Address 9877 W Ripley St

City

Boise

State

ID

Zip Code

83704-2758

FEC ID number of contributing
federal political committee.

C

Name of Employer
Semi-Retired

Occupation

Software Engineer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.17081

Amount of Each Receipt this Period

500.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Paul D. Rolig

Mailing Address 9877 W Ripley St

City

Boise

State

ID

Zip Code

83704-2758

FEC ID number of contributing
federal political committee.

C

Name of Employer
Semi-Retired

Occupation

Software Engineer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.17082

Amount of Each Receipt this Period

20.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1020.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Leslie Rose

Mailing Address 227 Australian Ave

City

Palm Beach

State

FL

Zip Code

33480-6043

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.17092

Amount of Each Receipt this Period

3000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Thomas Rose

Mailing Address PO Box 199

City

Hurdle Mills

State

NC

Zip Code

27541-0199

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.17094

Amount of Each Receipt this Period

85.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Richard S. Roth

Mailing Address 984 Bloomfield Ave # A

City

West Caldwell

State

NJ

Zip Code

07006-7108

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.17115

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)

3185.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

David P. Ruby

Mailing Address 1119 E Le Marche Ave

City

Phoenix

State

AZ

Zip Code

85022-3136

FEC ID number of contributing
federal political committee.

C

Name of Employer
Phoenix Emergency Physi-
cian In

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.17126

Amount of Each Receipt this Period

100.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Wayne F. Rudolph

Mailing Address 840 S Rancho Dr Ste 14

City

Las Vegas

State

NV

Zip Code

89106-3802

FEC ID number of contributing
federal political committee.

C

Name of Employer
stay Healthy

Occupation

retailer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.17128

Amount of Each Receipt this Period

100.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Dennis L. Schlumpf

Mailing Address PO Box 39

City

Homewood

State

CA

Zip Code

96141-0039

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dennis Schlumpf & Assocs.,
Inc

Occupation

General Contractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.17214

Amount of Each Receipt this Period

300.00

Contribution

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dennis L. Schlumpf

Mailing Address PO Box 39

City

Homewood

State

CA

Zip Code

96141-0039

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dennis Schlumpf & Assocs.,
Inc

Occupation

General Contractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.17215

Amount of Each Receipt this Period

50.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Steven Schoch

Mailing Address 974 Bluebonnet Dr

City

Sunnyvale

State

CA

Zip Code

94086-6756

FEC ID number of contributing
federal political committee.

C

Name of Employer
StarNet Communications Co-
rp

Occupation

Software Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.17224

Amount of Each Receipt this Period

100.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Robert Shuford

Mailing Address 6 Whartons Way

City

Hampton

State

VA

Zip Code

23669-1094

FEC ID number of contributing
federal political committee.

C

Name of Employer
Old Point National Bank

Occupation

Information Systems banki

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.17332

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Robert Shuford

Mailing Address 6 Whartons Way

City

Hampton

State

VA

Zip Code

23669-1094

FEC ID number of contributing
federal political committee.

C

Name of Employer
Old Point National Bank

Occupation

Information Systems banki

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.17333

Amount of Each Receipt this Period

85.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Robban A. Sica

Mailing Address 37 Lakewood Dr

City

Trumbull

State

CT

Zip Code

06611-2446

FEC ID number of contributing
federal political committee.

C

Name of Employer
Center for the Healing Ar-
t, PC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.17340

Amount of Each Receipt this Period

100.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Robban A. Sica

Mailing Address 37 Lakewood Dr

City

Trumbull

State

CT

Zip Code

06611-2446

FEC ID number of contributing
federal political committee.

C

Name of Employer
Center for the Healing Ar-
t, PC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.17341

Amount of Each Receipt this Period

50.00

Contribution

SUBTOTAL of Receipts This Page (optional)

235.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Jan E.G. Smit

Mailing Address PO Box 1284

City

Santa Ynez

State

CA

Zip Code

93460-1284

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.17397

Amount of Each Receipt this Period

250.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Frank Smith

Mailing Address 135 Mountain View Dr #3

City

Tustin

State

CA

Zip Code

92780-3048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.17408

Amount of Each Receipt this Period

1500.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Lloyd E. Smith

Mailing Address 21 Franklin Ave

City

Oswego

State

NY

Zip Code

13126-1755

FEC ID number of contributing
federal political committee.

C

Name of Employer
HYCO Tunnel & Sewer Co.

Occupation

Land Speculator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.17420

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Robert R. Smith

Mailing Address 6100 Bonsall Dr

City

Malibu

State

CA

Zip Code

90265-3825

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.17427

Amount of Each Receipt this Period

250.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Clifford B. Sondock

Mailing Address 6 Crane Rd

City

Huntington

State

NY

Zip Code

11743-1733

FEC ID number of contributing
federal political committee.

C

Name of Employer
Spiegel Assoc.

Occupation

Real Estate

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.17462

Amount of Each Receipt this Period

100.00

Contribution

C.

Full Name (Last, First, Middle Initial)

John C. Sproul

Mailing Address 397 Raines Park

City

Rochester

State

NY

Zip Code

14613-1118

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.17487

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

John C. Sproul

Mailing Address 397 Raines Park

City

Rochester

State

NY

Zip Code

14613-1118

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.17488

Amount of Each Receipt this Period

20.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Scott A. Stewart

Mailing Address 8401 E Appomattox St

City

Tucson

State

AZ

Zip Code

85710-2922

FEC ID number of contributing
federal political committee.

C

Name of Employer
Raytheon

Occupation
Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.17549

Amount of Each Receipt this Period

75.00

Contribution

C.

Full Name (Last, First, Middle Initial)

William B. Stutler

Mailing Address 31 Hemlock Rdg

City

New Milford

State

CT

Zip Code

06776-4516

FEC ID number of contributing
federal political committee.

C

Name of Employer
Evening Out Inc

Occupation
Dinner/Theatre Owner /P

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.17589

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)

195.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Marion L. Taylor

Mailing Address HC 2 Box 247

City

Patagonia

State

AZ

Zip Code

85624-9707

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.17639

Amount of Each Receipt this Period

250.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Marion L. Taylor

Mailing Address HC 2 Box 247

City

Patagonia

State

AZ

Zip Code

85624-9707

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.17640

Amount of Each Receipt this Period

20.00

Contribution

C.

Full Name (Last, First, Middle Initial)

John M. Taylor, MD

Mailing Address 1 Scenic Dr Unit 1110

City

Highlands

State

NJ

Zip Code

07732-1321

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Samra Group

Occupation

Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.17636

Amount of Each Receipt this Period

85.00

Contribution

SUBTOTAL of Receipts This Page (optional)

355.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 103

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Charles D. Test

Mailing Address 2710 2nd Ave S

City

Minneapolis

State

MN

Zip Code

55408-1710

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
Landlord

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	3	/	2	0	0	8

Transaction ID: SA11AI.17657

Amount of Each Receipt this Period

100.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Lovick Thomas

Mailing Address 2013 Stuart Ave

City

Monroe

State

LA

Zip Code

71201-2542

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested (Re-
fused to AnswOccupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	4	/	2	0	0	8

Transaction ID: SA11AI.17670

Amount of Each Receipt this Period

475.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Charles Tolman

Mailing Address 7918 Cowan Ave

City

Los Angeles

State

CA

Zip Code

90045-1139

FEC ID number of contributing
federal political committee.

C

Name of Employer
Treyarch Corp.Occupation
Technical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	3	/	2	0	0	8

Transaction ID: SA11AI.17703

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)

675.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Frank C. Ullman

Mailing Address 1 Toms Point Ln Apt 2C

City

Port Washington

State

NY

Zip Code

11050-2128

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cedar shopping centers INC

Occupation

Real Estate Developer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.17779

Amount of Each Receipt this Period

250.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Matthew Unga

Mailing Address 77 W Huron St

City

Chicago

State

IL

Zip Code

60610-4052

FEC ID number of contributing
federal political committee.

C

Name of Employer
Prudential

Occupation

Healthcare Management

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.17785

Amount of Each Receipt this Period

75.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Nicholas Vakula

Mailing Address 5235 E Cholla St

City

Scottsdale

State

AZ

Zip Code

85254-4718

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Vakula Law Firm, P.C.

Occupation

Attorney

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.17789

Amount of Each Receipt this Period

250.00

Contribution

SUBTOTAL of Receipts This Page (optional)

575.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Arch Wakefield

Mailing Address 3047 Point Clear Dr

City

Tega Cay

State

SC

Zip Code

29708-8542

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.17849

Amount of Each Receipt this Period

75.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Mary Warner-Nagel

Mailing Address PO Box 2823

City

Santa Fe

State

NM

Zip Code

87504-2823

FEC ID number of contributing
federal political committee.

C

Name of Employer
NALSAS/SFCS

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.17894

Amount of Each Receipt this Period

50.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Mary Warner-Nagel

Mailing Address PO Box 2823

City

Santa Fe

State

NM

Zip Code

87504-2823

FEC ID number of contributing
federal political committee.

C

Name of Employer
NALSAS/SFCS

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.17895

Amount of Each Receipt this Period

50.00

Contribution

SUBTOTAL of Receipts This Page (optional)

175.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Jeffrey J. Weston

Mailing Address 1255 NW 9th Ave Apt 301

City

Portland

State

OR

Zip Code

97209-2887

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eleven Wireless

Occupation

SW Developer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.17975

Amount of Each Receipt this Period

100.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Jason White

Mailing Address 10871 Pittsburg Mine Rd

City

Nevada City

State

CA

Zip Code

95959-3478

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.17991

Amount of Each Receipt this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

George R. Whitfield

Mailing Address 45107 Tarney Wood Dr

City

Portsmouth

State

VA

Zip Code

23703-0000

FEC ID number of contributing
federal political committee.

C

Name of Employer
Halcyon Search International

Occupation

Executive Search Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.17999

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Wayne G. Whitmore

Mailing Address 333 E 68th St Apt 6-C

City

New York

State

NY

Zip Code

10021-5693

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.18003

Amount of Each Receipt this Period

250.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Bradley Wiitala

Mailing Address PO Box 733

City

Big Pine

State

CA

Zip Code

93513-0733

FEC ID number of contributing
federal political committee.

C

Name of Employer
Civil Service

Occupation
electronic engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.18014

Amount of Each Receipt this Period

15.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Charles W. Wilson

Mailing Address PO Box 454

City

Red Oak

State

IA

Zip Code

51566-0454

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.18041

Amount of Each Receipt this Period

50.00

Contribution

SUBTOTAL of Receipts This Page (optional)

315.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Edward Wright

Mailing Address 1796 Highway 25

City

Guthrie Center

State

IA

Zip Code

50115-8741

FEC ID number of contributing
federal political committee.

C

Name of Employer
Broker Dealer Financial
ser

Occupation

Investment Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.18103

Amount of Each Receipt this Period

150.00

Contribution

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

68647.39

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 103

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

IMPERATO FOR PRESIDENT 2008

Mailing Address 777 S FLAGLER DR SUITE 800W

City

WEST PALM BEACH

State

FL

Zip Code

33401

FEC ID number of contributing
federal political committee.

C C00428003

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2030.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 2 / 2 0 0 8

Transaction ID: SA11C.18460

Amount of Each Receipt this Period

1015.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Mary Ruwalt for President

Mailing Address 12903 Grubstake Gulch St

City

Bee Cave

State

TX

Zip Code

78738

FEC ID number of contributing
federal political committee.

C C00447805

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 8

Transaction ID: SA11C.18465

Amount of Each Receipt this Period

700.00

Contribution

C.

Full Name (Last, First, Middle Initial)

MIKE JINGOZIAN FOR PRESIDENT

Mailing Address 20431 SW CRESTMONT PLACE

City

SHERWOOD

State

OR

Zip Code

97140

FEC ID number of contributing
federal political committee.

C C00432062

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2560.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11C.18461

Amount of Each Receipt this Period

350.00

Contribution

SUBTOTAL of Receipts This Page (optional)

2065.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 103

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MIKE JINGOZIAN FOR PRESIDENT

Mailing Address 20431 SW CRESTMONT PLACE

City

SHERWOOD

State

OR

Zip Code

97140

FEC ID number of contributing
federal political committee.

C C00432062

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3120.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 8 / 2 0 0 8

Transaction ID: SA11C.18462

Amount of Each Receipt this Period

560.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Root for America

Mailing Address 2505 Anthem Village Dr. #E-318

City

Henderson

State

NV

Zip Code

09052

FEC ID number of contributing
federal political committee.

C C00444109

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1120.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 3 / 2 0 0 8

Transaction ID: SA11C.18466

Amount of Each Receipt this Period

560.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1120.00

TOTAL This Period (last page this line number only)

3185.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 58 / 103

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
Advanced Mailing Services, LLC

Mailing Address 14970 Farm Creek Drive

City Woodbridge State VA Zip Code 22191-3550

Purpose of Disbursement
Non Candidate Party Printing/Mailing

Candidate Name

003
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.18187

Date of Disbursement

03 / 05 / 2008

Amount of Each Disbursement this Period

6758.23

B. Full Name (Last, First, Middle Initial)
Advanced Mailing Services, LLC

Mailing Address 14970 Farm Creek Drive

City Woodbridge State VA Zip Code 22191-3550

Purpose of Disbursement
Non Candidate Party Printing/Mailing

Candidate Name

003
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.18360

Date of Disbursement

03 / 10 / 2008

Amount of Each Disbursement this Period

1308.57

C. Full Name (Last, First, Middle Initial)
Advanced Mailing Services, LLC

Mailing Address 14970 Farm Creek Drive

City Woodbridge State VA Zip Code 22191-3550

Purpose of Disbursement
Non Candidate Party Printing/Mailing

Candidate Name

003
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.18189

Date of Disbursement

03 / 28 / 2008

Amount of Each Disbursement this Period

1506.72

SUBTOTAL of Disbursements This Page (optional)

9573.52

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 59 / 103

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 1270

City
Newark

State
NJ

Zip Code
07101-1270

Purpose of Disbursement
Amex Credit Card Payment(See Memos)

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.18190

Date of Disbursement

03 / 25 / 2008

Amount of Each Disbursement this Period

19250.25

B.

Full Name (Last, First, Middle Initial)

600 Restaurant

Mailing Address 600 New Hampshire Ave, NW

City
Washington

State
DC

Zip Code
20037-2403

Purpose of Disbursement
Travel Expenses-Meals

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.18190.0

Date of Disbursement

03 / 25 / 2008

Amount of Each Disbursement this Period

285.71

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Accurant

Mailing Address P.O. Box 538358

City
Atlanta

State
GA

Zip Code
30353-8358

Purpose of Disbursement
Donor Address/Employment Search

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.18190.1

Date of Disbursement

03 / 25 / 2008

Amount of Each Disbursement this Period

201.05

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

19250.25

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 60 / 103

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Apple Computer

Mailing Address 2700 Clarendon Blvd.

City
Arlington

State
VA

Zip Code
22201-0000

Purpose of Disbursement
Apple Hardware and Software

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.18190.4

Date of Disbursement

03 / 25 / 2008

Amount of Each Disbursement this Period

3212.61

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

American Airlines

Mailing Address PO Box 582820 - MD766

City
Tulsa

State
OK

Zip Code
74158-2820

Purpose of Disbursement
Travel Expense-Airfare

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.18190.5

Date of Disbursement

03 / 25 / 2008

Amount of Each Disbursement this Period

329.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

AT&T - Cingular Wireless

Mailing Address 7855 Walker Dr.

City
Greenbelt

State
MD

Zip Code
20770-0000

Purpose of Disbursement
Phone and Data Services

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.18190.6

Date of Disbursement

03 / 25 / 2008

Amount of Each Disbursement this Period

1034.99

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 61 / 103

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
LIBERTARIAN NATIONAL COMMITTEE

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Central Parking System</p> <p>Mailing Address PO Box 790402 Attn: Monthly Accts Dept.</p> <p>City St. Louis State MO Zip Code 63179-0402</p> <p>Purpose of Disbursement Parking Space Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.18190.8 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 5 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period <div>255.00</div> </p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Cockle Printing Company</p> <p>Mailing Address 2311 Douglas Street</p> <p>City Omaha State NE Zip Code 68102</p> <p>Purpose of Disbursement Law Brief Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.18190.9 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 5 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period <div>310.00</div> </p> <p>[MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) ENOM.COM</p> <p>Mailing Address PO BOX 7449</p> <p>City BELLEVUE State WA Zip Code 98008-7449</p> <p>Purpose of Disbursement Software Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.18190.12 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 5 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period <div>200.00</div> </p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ►

0.00

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Google Ad Works

Mailing Address 1600 Amphitheatre Prky

City State Zip Code
Mt. View CA 94043-1351

Purpose of Disbursement
Directory Services

Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.18190.14

Date of Disbursement

03 / 25 / 2008

Amount of Each Disbursement this Period

156.29

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

GoToMyPC.com

Mailing Address 5385 Hollister Ave #111

City State Zip Code
Santa barbara CA 93111-0000

Purpose of Disbursement
PC Remote Access Service

Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.18190.15

Date of Disbursement

03 / 25 / 2008

Amount of Each Disbursement this Period

179.76

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Leadership Institute

Mailing Address 1101 N. Highland

City State Zip Code
Arlington VA 22201-0000

Purpose of Disbursement
Conference Fee

Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.18190.19

Date of Disbursement

03 / 25 / 2008

Amount of Each Disbursement this Period

398.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LIBERTARIAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) Lyris Tech - Sparklist	Transaction ID: SB21B.18190.20 Date of Disbursement																				
Mailing Address PO Box 49023	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	5		2	0	0	8												
City San Jose State CA Zip Code 95161-9023	Amount of Each Disbursement this Period																				
Purpose of Disbursement Email Hosting Services Candidate Name	<table border="1"> <tr> <td colspan="10">6000.00</td> </tr> </table>	6000.00																			
6000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]																				
B. Full Name (Last, First, Middle Initial) Network Solutions, INC	Transaction ID: SB21B.18190.25 Date of Disbursement																				
Mailing Address 4166 Legacy Parkway	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	5		2	0	0	8												
City Lansing State MI Zip Code 48911	Amount of Each Disbursement this Period																				
Purpose of Disbursement Domain Name Registration Candidate Name	<table border="1"> <tr> <td colspan="10">499.75</td> </tr> </table>	499.75																			
499.75																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]																				
C. Full Name (Last, First, Middle Initial) Omni Hotels	Transaction ID: SB21B.18190.26 Date of Disbursement																				
Mailing Address 2500 Calvert St NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	5		2	0	0	8												
City Washington State DC Zip Code 20008-2649	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expense-Meals Candidate Name	<table border="1"> <tr> <td colspan="10">222.72</td> </tr> </table>	222.72																			
222.72																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]																				

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PoliticalSticker

Mailing Address 812 W 34th St

City
Austin

State
TX

Zip Code
78705-0000

Purpose of Disbursement
LP Party Bumper Stickers

Candidate Name

004

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.18190.27

Date of Disbursement

03 / 25 / 2008

Amount of Each Disbursement this Period

1708.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Red Roof Inn, Inc.

Mailing Address 121 E. Nationwide Blvd.

City
Columbus

State
OH

Zip Code
43215-0000

Purpose of Disbursement
Travel Expense-Lodging

Candidate Name

002

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.18190.28

Date of Disbursement

03 / 25 / 2008

Amount of Each Disbursement this Period

1339.31

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Shelly's Inc.

Mailing Address 1331 F Street NW

City
Washington

State
DC

Zip Code
20004-1107

Purpose of Disbursement
Event Expense-Catering

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.18190.30

Date of Disbursement

03 / 25 / 2008

Amount of Each Disbursement this Period

470.22

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ThePlanet.com

Mailing Address 1333 N. Stemmons Fwy #110

City Dallas State TX Zip Code 75207-3724

Purpose of Disbursement

Server hosting

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.18190.31

Date of Disbursement

03 / 25 / 2008

Amount of Each Disbursement this Period

1148.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

USAirways

Mailing Address 2345 Crystal Dr

City Arlington State VA Zip Code 22227-0000

Purpose of Disbursement

Travel Expense-Airfare

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.18190.32

Date of Disbursement

03 / 25 / 2008

Amount of Each Disbursement this Period

271.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

American National Insurance Co.

Mailing Address Attn: Lea Pollack
P. O. Box 1830 - Pension Dept.

City Galvison State TX Zip Code 77550-1830

Purpose of Disbursement

LNC 401k Contributions

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.18247

Date of Disbursement

03 / 31 / 2008

Amount of Each Disbursement this Period

1100.75

SUBTOTAL of Disbursements This Page (optional)

1100.75

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Anthem Blue Cross Blue Shield

Mailing Address PO Box 791273

City
Baltimore

State
MD

Zip Code
21279-1273

Purpose of Disbursement
Employee Health Insurance

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.18248

Date of Disbursement

03 / 20 / 2008

Amount of Each Disbursement this Period

809.75

B.

Full Name (Last, First, Middle Initial)

B & B Duplicators

Mailing Address 818 18th Street NW LL15

City
Washington

State
DC

Zip Code
20006-0000

Purpose of Disbursement
Non Candidate Party Printing/Mailing

Candidate Name

003

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.18250

Date of Disbursement

03 / 28 / 2008

Amount of Each Disbursement this Period

396.56

C.

Full Name (Last, First, Middle Initial)

BentleyForbes Watergate LLC

Mailing Address PO Box 73378

City
Cleveland

State
OH

Zip Code
44193-3378

Purpose of Disbursement
Office Rent, Tax, Maint & Utilities

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.18251

Date of Disbursement

03 / 03 / 2008

Amount of Each Disbursement this Period

9717.58

SUBTOTAL of Disbursements This Page (optional)

10923.89

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Louise Calise

Mailing Address 6802 Dante Ct.

City
Springfield

State
VA

Zip Code
22152-3328

Purpose of Disbursement
Employee Net Pay

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.18254

Date of Disbursement

03 / 05 / 2008

Amount of Each Disbursement this Period

1286.83

B.

Full Name (Last, First, Middle Initial)

Louise Calise

Mailing Address 6802 Dante Ct.

City
Springfield

State
VA

Zip Code
22152-3328

Purpose of Disbursement
Reimbursement(See Attached Memo)

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.18256

Date of Disbursement

03 / 10 / 2008

Amount of Each Disbursement this Period

125.84

C.

Full Name (Last, First, Middle Initial)

Michaels Craft and Supply

Mailing Address 1110 Stafford Market Plc

City
Stafford

State
VA

Zip Code
22556-4524

Purpose of Disbursement
Office Supplies

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.18256.0

Date of Disbursement

03 / 25 / 2008

Amount of Each Disbursement this Period

125.84

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

1412.67

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Louise Calise

Mailing Address 6802 Dante Ct.

City
Springfield

State
VA

Zip Code
22152-3328

Purpose of Disbursement
Employee Net Pay

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.18255

Date of Disbursement

03 / 19 / 2008

Amount of Each Disbursement this Period

1259.81

B.

Full Name (Last, First, Middle Initial)

CANANWILL, INC

Mailing Address PO Box # 19639

City
Newark

State
NJ

Zip Code
07195-0639

Purpose of Disbursement
D and O Insurance

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.18259

Date of Disbursement

03 / 03 / 2008

Amount of Each Disbursement this Period

876.42

C.

Full Name (Last, First, Middle Initial)

CANANWILL, INC

Mailing Address PO Box # 19639

City
Newark

State
NJ

Zip Code
07195-0639

Purpose of Disbursement
D and O Insurance

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.18260

Date of Disbursement

03 / 20 / 2008

Amount of Each Disbursement this Period

834.69

SUBTOTAL of Disbursements This Page (optional)

2970.92

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Christy Carmody

Mailing Address 1751 Camarillo Drive

City

N. Las Vegas

State

NV

Zip Code

89031-0000

Purpose of Disbursement

Non Candidate Party Editing and Graphics

Candidate Name

003

Category/
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Transaction ID: SB21B.18370

Date of Disbursement

03 / 10 / 2008

Amount of Each Disbursement this Period

800.00

B.

Full Name (Last, First, Middle Initial)

Cockle Printing Company

Mailing Address 2311 Douglas Street

City

Omaha

State

NE

Zip Code

68102

Purpose of Disbursement

Law Brief Printing

Candidate Name

001

Category/
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Transaction ID: SB21B.18372

Date of Disbursement

03 / 10 / 2008

Amount of Each Disbursement this Period

388.04

C.

Full Name (Last, First, Middle Initial)

Commonwealth Digital Office Solutions

Mailing Address 21205 Ridgetop Circle

City

Sterling

State

VA

Zip Code

20166-6501

Purpose of Disbursement

Copier Maintenance

Candidate Name

003

Category/
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Transaction ID: SB21B.18362

Date of Disbursement

03 / 10 / 2008

Amount of Each Disbursement this Period

152.07

SUBTOTAL of Disbursements This Page (optional)

1340.11

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
Commonwealth Digital Office Solutions

Mailing Address 21205 Ridgetop Circle

City State Zip Code
Sterling VA 20166-6501

Purpose of Disbursement
Copier Maint

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.18267

Date of Disbursement

03 / 28 / 2008

Amount of Each Disbursement this Period

318.31

B. Full Name (Last, First, Middle Initial)
Shane Cory

Mailing Address 5 Burwell Place

City State Zip Code
Stafford VA 22554-0000

Purpose of Disbursement
Employee Net Pay

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.18268

Date of Disbursement

03 / 05 / 2008

Amount of Each Disbursement this Period

2796.43

C. Full Name (Last, First, Middle Initial)
Shane Cory

Mailing Address 5 Burwell Place

City State Zip Code
Stafford VA 22554-0000

Purpose of Disbursement
Employee Net Pay

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.18269

Date of Disbursement

03 / 19 / 2008

Amount of Each Disbursement this Period

2968.95

SUBTOTAL of Disbursements This Page (optional)

6083.69

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Andrew R Davis

Mailing Address 1639 Longleaf Dr.

City State Zip Code
Myrtle Beach SC 29575-5400

Purpose of Disbursement

Employee Net Pay

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.18272

Date of Disbursement

03 / 05 / 2008

Amount of Each Disbursement this Period

1131.33

B.

Full Name (Last, First, Middle Initial)

Andrew R Davis

Mailing Address 1639 Longleaf Dr.

City State Zip Code
Myrtle Beach SC 29575-5400

Purpose of Disbursement

Reimbursement (See Attached Memo)

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.18270

Date of Disbursement

03 / 10 / 2008

Amount of Each Disbursement this Period

41.78

C.

Full Name (Last, First, Middle Initial)

Sunset Station Hotel

Mailing Address 1301 W. Sunset Rd.

City State Zip Code
Henderson NV 89014-6607

Purpose of Disbursement

Travel Expense-Meals

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.18270.0

Date of Disbursement

03 / 10 / 2008

Amount of Each Disbursement this Period

41.78

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

1173.11

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 72 / 103

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Andrew R Davis

Mailing Address 1639 Longleaf Dr.

City State Zip Code
Myrtle Beach SC 29575-5400

Purpose of Disbursement

Employee Net Pay

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.18273

Date of Disbursement

03 / 19 / 2008

Amount of Each Disbursement this Period

1100.14

B.

Full Name (Last, First, Middle Initial)

DC Office of Tax & Revenue

Mailing Address 941 North Capitol St, NE 6th Flr

City State Zip Code
Washington DC 20002-0000

Purpose of Disbursement

DC - Admin. Funding Assessment

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.18274

Date of Disbursement

03 / 04 / 2008

Amount of Each Disbursement this Period

14.02

C.

Full Name (Last, First, Middle Initial)

DC Office of Tax & Revenue

Mailing Address 941 North Capitol St, NE 6th Flr

City State Zip Code
Washington DC 20002-0000

Purpose of Disbursement

DC - Unemployment Company

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.18275

Date of Disbursement

03 / 04 / 2008

Amount of Each Disbursement this Period

91.11

SUBTOTAL of Disbursements This Page (optional)

1205.27

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DC Office of Tax & Revenue

Mailing Address 941 North Capitol St, NE 6th Flr

City
Washington

State
DC

Zip Code
20002-0000

Purpose of Disbursement
DC - Admin. Funding Assessment

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.18276

Date of Disbursement

03 / 18 / 2008

Amount of Each Disbursement this Period

13.62

B.

Full Name (Last, First, Middle Initial)

DC Office of Tax & Revenue

Mailing Address 941 North Capitol St, NE 6th Flr

City
Washington

State
DC

Zip Code
20002-0000

Purpose of Disbursement
DC - Unemployment Company

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.18277

Date of Disbursement

03 / 18 / 2008

Amount of Each Disbursement this Period

88.51

C.

Full Name (Last, First, Middle Initial)

De Lage Landen Financial

Mailing Address PO Box 41601

City
Philadelphia

State
PA

Zip Code
19101-1601

Purpose of Disbursement
Copier Lease

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.18278

Date of Disbursement

03 / 10 / 2008

Amount of Each Disbursement this Period

498.88

SUBTOTAL of Disbursements This Page (optional)

601.01

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 74 / 103

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

De Lage Landen Financial

Mailing Address PO Box 41601

City
Philadelphia

State
PA

Zip Code
19101-1601

Purpose of Disbursement
Copier Lease

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.18279

Date of Disbursement

03 / 28 / 2008

Amount of Each Disbursement this Period

498.88

B.

Full Name (Last, First, Middle Initial)

Susan M Dickson

Mailing Address 3410 Vineland Place

City
Dumfries

State
VA

Zip Code
22026-0000

Purpose of Disbursement
Employee Net Pay

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.18280

Date of Disbursement

03 / 05 / 2008

Amount of Each Disbursement this Period

925.06

C.

Full Name (Last, First, Middle Initial)

Susan M Dickson

Mailing Address 3410 Vineland Place

City
Dumfries

State
VA

Zip Code
22026-0000

Purpose of Disbursement
Employee Net Pay

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.18281

Date of Disbursement

03 / 19 / 2008

Amount of Each Disbursement this Period

925.06

SUBTOTAL of Disbursements This Page (optional)

2349.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 75 / 103

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DirectMail.com

Mailing Address 5511 Ketch Road
Attn: Beverly Kalbaugh

City Prince Frederick State MD Zip Code 20678-0000

Purpose of Disbursement
Non Candidate Party Printing/Mailing

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.18282

Date of Disbursement

03 / 28 / 2008

Amount of Each Disbursement this Period

20884.91

B.

Full Name (Last, First, Middle Initial)

Paula Edwards

Mailing Address ElectionMachine.com
1200 G Street NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Compliance Consulting

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.18283

Date of Disbursement

03 / 10 / 2008

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Tomislav Fijacko

Mailing Address 62 Mohegan Rd.

City Larchmont State NY Zip Code 10538-0000

Purpose of Disbursement
Employee Net Pay

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.18284

Date of Disbursement

03 / 05 / 2008

Amount of Each Disbursement this Period

184.28

SUBTOTAL of Disbursements This Page (optional)

22069.19

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 76 / 103

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LIBERTARIAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) Tomislav Fijacko Mailing Address 62 Mohegan Rd.	Transaction ID: SB21B.18285 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 9 / 2 0 0 8</div> </div>
City Larchmont State NY Zip Code 10538-0000 Purpose of Disbursement Employee Net Pay Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Amount of Each Disbursement this Period <div>184.28</div> <div>001 Category/ Type</div>
B. Full Name (Last, First, Middle Initial) Financial Agent Federal Tax Deposit Mailing Address PO Box 970030	Transaction ID: SB21B.18286 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 4 / 2 0 0 8</div> </div>
City St. Louis State MO Zip Code 63197-0030 Purpose of Disbursement Federal Unemployment Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Amount of Each Disbursement this Period <div>37.41</div> <div>001 Category/ Type</div>
C. Full Name (Last, First, Middle Initial) Financial Agent Federal Tax Deposit Mailing Address PO Box 970030	Transaction ID: SB21B.18287 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 4 / 2 0 0 8</div> </div>
City St. Louis State MO Zip Code 63197-0030 Purpose of Disbursement Federal Withholding Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Amount of Each Disbursement this Period <div>1071.00</div> <div>001 Category/ Type</div>

SUBTOTAL of Disbursements This Page (optional)

1292.69

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City State Zip Code
St. Louis MO 63197-0030

Purpose of Disbursement
Medicare Company

Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼
State: District:

Transaction ID: SB21B.18288

Date of Disbursement

03 / 04 / 2008

Amount of Each Disbursement this Period

179.21

B. Full Name (Last, First, Middle Initial)
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City State Zip Code
St. Louis MO 63197-0030

Purpose of Disbursement
Medicare Employee

Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼
State: District:

Transaction ID: SB21B.18289

Date of Disbursement

03 / 04 / 2008

Amount of Each Disbursement this Period

179.21

C. Full Name (Last, First, Middle Initial)
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City State Zip Code
St. Louis MO 63197-0030

Purpose of Disbursement
Social Security Company

Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼
State: District:

Transaction ID: SB21B.18290

Date of Disbursement

03 / 04 / 2008

Amount of Each Disbursement this Period

766.26

SUBTOTAL of Disbursements This Page (optional)

1124.68

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 78 / 103

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City State Zip Code
St. Louis MO 63197-0030

Purpose of Disbursement
Social Security Employee

Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼
State: District:

Transaction ID: SB21B.18291

Date of Disbursement

03 / 04 / 2008

Amount of Each Disbursement this Period

766.26

B. Full Name (Last, First, Middle Initial)
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City State Zip Code
St. Louis MO 63197-0030

Purpose of Disbursement
Federal Unemployment

Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼
State: District:

Transaction ID: SB21B.18292

Date of Disbursement

03 / 18 / 2008

Amount of Each Disbursement this Period

24.53

C. Full Name (Last, First, Middle Initial)
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City State Zip Code
St. Louis MO 63197-0030

Purpose of Disbursement
Federal Withholding

Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼
State: District:

Transaction ID: SB21B.18293

Date of Disbursement

03 / 18 / 2008

Amount of Each Disbursement this Period

230.00

SUBTOTAL of Disbursements This Page (optional)

1020.79

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 79 / 103

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LIBERTARIAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) Financial Agent Federal Tax Deposit	Transaction ID: SB21B.18294 Date of Disbursement																				
Mailing Address PO Box 970030	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	8		2	0	0	8												
City State Zip Code St. Louis MO 63197-0030	Amount of Each Disbursement this Period																				
Purpose of Disbursement Federal Withholding Candidate Name	<table border="1"> <tr> <td colspan="10">1020.00</td> </tr> </table>	1020.00																			
1020.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Financial Agent Federal Tax Deposit	Transaction ID: SB21B.18295 Date of Disbursement																				
Mailing Address PO Box 970030	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	8		2	0	0	8												
City State Zip Code St. Louis MO 63197-0030	Amount of Each Disbursement this Period																				
Purpose of Disbursement Medicare Company Candidate Name	<table border="1"> <tr> <td colspan="10">53.05</td> </tr> </table>	53.05																			
53.05																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Financial Agent Federal Tax Deposit	Transaction ID: SB21B.18296 Date of Disbursement																				
Mailing Address PO Box 970030	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	8		2	0	0	8												
City State Zip Code St. Louis MO 63197-0030	Amount of Each Disbursement this Period																				
Purpose of Disbursement Medicare Company Candidate Name	<table border="1"> <tr> <td colspan="10">151.01</td> </tr> </table>	151.01																			
151.01																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

1224.06

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 80 / 103

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City State Zip Code
St. Louis MO 63197-0030Purpose of Disbursement
Medicare Employee

Candidate Name

001
Category/
TypeOffice Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼
State: District:

Transaction ID: SB21B.18297

Date of Disbursement

M M / D D / Y Y Y Y
0 3 / 1 8 / 2 0 0 8

Amount of Each Disbursement this Period

53.05

B. Full Name (Last, First, Middle Initial)
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City State Zip Code
St. Louis MO 63197-0030Purpose of Disbursement
Medicare Employee

Candidate Name

001
Category/
TypeOffice Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼
State: District:

Transaction ID: SB21B.18298

Date of Disbursement

M M / D D / Y Y Y Y
0 3 / 1 8 / 2 0 0 8

Amount of Each Disbursement this Period

151.01

C. Full Name (Last, First, Middle Initial)
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City State Zip Code
St. Louis MO 63197-0030Purpose of Disbursement
Social Security Company

Candidate Name

001
Category/
TypeOffice Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼
State: District:

Transaction ID: SB21B.18299

Date of Disbursement

M M / D D / Y Y Y Y
0 3 / 1 8 / 2 0 0 8

Amount of Each Disbursement this Period

226.85

SUBTOTAL of Disbursements This Page (optional) ▶

430.91

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City State Zip Code
St. Louis MO 63197-0030

Purpose of Disbursement
Social Security Company
Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
Other (specify) ▼
State: District:

Transaction ID: SB21B.18300

Date of Disbursement

03 / 18 / 2008

Amount of Each Disbursement this Period

645.71

B. Full Name (Last, First, Middle Initial)
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City State Zip Code
St. Louis MO 63197-0030

Purpose of Disbursement
Social Security Employee
Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
Other (specify) ▼
State: District:

Transaction ID: SB21B.18301

Date of Disbursement

03 / 18 / 2008

Amount of Each Disbursement this Period

226.85

C. Full Name (Last, First, Middle Initial)
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City State Zip Code
St. Louis MO 63197-0030

Purpose of Disbursement
Social Security Employee
Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
Other (specify) ▼
State: District:

Transaction ID: SB21B.18302

Date of Disbursement

03 / 18 / 2008

Amount of Each Disbursement this Period

645.71

SUBTOTAL of Disbursements This Page (optional)

1518.27

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Cheryl Forde

Mailing Address PO Box 56507

City
Philadelphia

State
PA

Zip Code
19111-6507

Purpose of Disbursement
Petitioning Expense

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.18303

Date of Disbursement

03 / 20 / 2008

Amount of Each Disbursement this Period

1275.00

B.

Full Name (Last, First, Middle Initial)

FP Mailing Solutions

Mailing Address Dept 4272

City
Carol Stream

State
IL

Zip Code
60122-4272

Purpose of Disbursement
Postage and Meter Resets

Candidate Name

003
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.18304

Date of Disbursement

03 / 10 / 2008

Amount of Each Disbursement this Period

8.20

C.

Full Name (Last, First, Middle Initial)

FP Mailing Solutions

Mailing Address Dept 4272

City
Carol Stream

State
IL

Zip Code
60122-4272

Purpose of Disbursement
Postage and Meter Resets

Candidate Name

003
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.18305

Date of Disbursement

03 / 28 / 2008

Amount of Each Disbursement this Period

88.04

SUBTOTAL of Disbursements This Page (optional)

1371.24

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

FP Mailing Solutions

Mailing Address Dept 4272

City
Carol Stream

State
IL

Zip Code
60122-4272

Purpose of Disbursement
Postage and Meter Resets

Candidate Name

003
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.18306

Date of Disbursement

03 / 31 / 2008

Amount of Each Disbursement this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Great American Leasing

Mailing Address 8742 Innovation Way

City
Chicago

State
IL

Zip Code
60682

Purpose of Disbursement
Postal Meter Lease Agrmt

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.18376

Date of Disbursement

03 / 10 / 2008

Amount of Each Disbursement this Period

96.63

C.

Full Name (Last, First, Middle Initial)

Sean N Haugh

Mailing Address 1821 Hillandale Road
#1B-322

City
Durham

State
NC

Zip Code
27705-0000

Purpose of Disbursement
Employee Net Pay

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.18309

Date of Disbursement

03 / 05 / 2008

Amount of Each Disbursement this Period

1195.22

SUBTOTAL of Disbursements This Page (optional)

1591.85

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Sean N Haugh

Mailing Address 1821 Hillandale Road
#1B-322

City Durham State NC Zip Code 27705-0000

Purpose of Disbursement

Employee Net Pay

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.18310

Date of Disbursement

03 / 19 / 2008

Amount of Each Disbursement this Period

1195.20

B.

Full Name (Last, First, Middle Initial)

Joe Ragan's

Mailing Address PO Box 125

City Springfield State VA Zip Code 22150-0125

Purpose of Disbursement

Office Supplies

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.18364

Date of Disbursement

03 / 10 / 2008

Amount of Each Disbursement this Period

356.29

C.

Full Name (Last, First, Middle Initial)

Joe Ragan's

Mailing Address PO Box 125

City Springfield State VA Zip Code 22150-0125

Purpose of Disbursement

Office Supplies

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.18312

Date of Disbursement

03 / 28 / 2008

Amount of Each Disbursement this Period

421.79

SUBTOTAL of Disbursements This Page (optional)

1973.28

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 85 / 103

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Joe Ragan's

Mailing Address PO Box 125

City
Springfield

State
VA

Zip Code
22150-0125

Purpose of Disbursement
Office Supplies

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.18365

Date of Disbursement

03 / 28 / 2008

Amount of Each Disbursement this Period

325.96

B.

Full Name (Last, First, Middle Initial)

Robert S Kraus

Mailing Address 5375 Duke Street
Apt 905

City
Alexandria

State
VA

Zip Code
22304-0000

Purpose of Disbursement
Employee Net Pay

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.18315

Date of Disbursement

03 / 05 / 2008

Amount of Each Disbursement this Period

1405.56

C.

Full Name (Last, First, Middle Initial)

Robert S Kraus

Mailing Address 5375 Duke Street
Apt 905

City
Alexandria

State
VA

Zip Code
22304-0000

Purpose of Disbursement
Employee Net Pay

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.18316

Date of Disbursement

03 / 19 / 2008

Amount of Each Disbursement this Period

1405.55

SUBTOTAL of Disbursements This Page (optional) ►

3137.07

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 86 / 103

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Robert S Kraus

Mailing Address 5375 Duke Street
Apt 905

City Alexandria State VA Zip Code 22304-0000

Purpose of Disbursement
Reimbursement (See Attached Memo)

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.18313

Date of Disbursement

03 / 28 / 2008

Amount of Each Disbursement this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Safeway

Mailing Address 2550 Virginia Ave NW

City Washington State DC Zip Code 20037-0000

Purpose of Disbursement
Office Supplies

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.18313.0

Date of Disbursement

03 / 25 / 2008

Amount of Each Disbursement this Period

300.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Alexa R Lamoureux

Mailing Address 1224 Powhatan St.

City Alexandria State VA Zip Code 22314-1306

Purpose of Disbursement
Employee Net Pay

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.18317

Date of Disbursement

03 / 05 / 2008

Amount of Each Disbursement this Period

195.79

SUBTOTAL of Disbursements This Page (optional)

495.79

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 87 / 103

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Alexa R Lamoureux

Mailing Address 1224 Powhatan St.

City

Alexandria

State

VA

Zip Code

22314-1306

Purpose of Disbursement

Employee Net Pay

Candidate Name

001

Category/
Type

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

Transaction ID: SB21B.18318

Date of Disbursement

03 / 19 / 2008

Amount of Each Disbursement this Period

231.34

B.

Full Name (Last, First, Middle Initial)

Casey F Lustberg

Mailing Address 5 Garrison Rd.

City

Queensbury

State

NY

Zip Code

12804-0000

Purpose of Disbursement

Employee Net Pay

Candidate Name

001

Category/
Type

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

Transaction ID: SB21B.18319

Date of Disbursement

03 / 05 / 2008

Amount of Each Disbursement this Period

165.14

C.

Full Name (Last, First, Middle Initial)

Casey F Lustberg

Mailing Address 5 Garrison Rd.

City

Queensbury

State

NY

Zip Code

12804-0000

Purpose of Disbursement

Employee Net Pay

Candidate Name

001

Category/
Type

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

Transaction ID: SB21B.18320

Date of Disbursement

03 / 19 / 2008

Amount of Each Disbursement this Period

155.33

SUBTOTAL of Disbursements This Page (optional)

551.81

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

LIBERTARIAN NATIONAL COMMITTEE

671.00

1194.58

364.62

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 89 / 103

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

National Electronic Type, Inc

Mailing Address 2320 S. Kansas Ave

City
Topeka

State
KS

Zip Code
66611

Purpose of Disbursement
Non Candidate Party Printing

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.18324

Date of Disbursement

03 / 28 / 2008

Amount of Each Disbursement this Period

139.86

B.

Full Name (Last, First, Middle Initial)

North Carolina Department of Revenue

Mailing Address P.O. Box 25000

City
Raleigh

State
NC

Zip Code
27640-0640

Purpose of Disbursement
NC - Withholding

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.18327

Date of Disbursement

03 / 04 / 2008

Amount of Each Disbursement this Period

61.00

C.

Full Name (Last, First, Middle Initial)

North Carolina Department of Revenue

Mailing Address P.O. Box 25000

City
Raleigh

State
NC

Zip Code
27640-0640

Purpose of Disbursement
NC - Withholding

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.18328

Date of Disbursement

03 / 18 / 2008

Amount of Each Disbursement this Period

61.00

SUBTOTAL of Disbursements This Page (optional)

261.86

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 90 / 103

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Austin W Petersen

Mailing Address 309 N. Jordan St. Apt 102

City Alexandria State VA Zip Code 22304-0000

Purpose of Disbursement

Employee Net Pay

Candidate Name

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.18330

Date of Disbursement

M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 0 8

Amount of Each Disbursement this Period

1324.85

B.

Full Name (Last, First, Middle Initial)

Postmaster

Mailing Address US Post Office Watergate
2500 virginia Ave NW

City Washington State DC Zip Code 20037-0000

Purpose of Disbursement

Postage

Candidate Name

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.18331

Date of Disbursement

M M / D D / Y Y Y Y
0 3 / 1 0 / 2 0 0 8

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Postmaster - Walton Press

Mailing Address Walton Press
402 Mavfield Dr

City Monroe State GA Zip Code 30655-0000

Purpose of Disbursement

Non Candidate Party Mailing Postage

Candidate Name

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.18332

Date of Disbursement

M M / D D / Y Y Y Y
0 3 / 2 0 / 2 0 0 8

Amount of Each Disbursement this Period

4087.56

SUBTOTAL of Disbursements This Page (optional)

6412.41

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LIBERTARIAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) QuickBooks Payroll Service	Transaction ID: SB21B.18333 Date of Disbursement																				
Mailing Address PO Box 30015	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	4		2	0	0	8												
City Reno State NV Zip Code 89520-3015	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll Processing Fee Candidate Name	<table border="1"> <tr> <td colspan="10">107.07</td> </tr> </table>	107.07																			
107.07																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) QuickBooks Payroll Service	Transaction ID: SB21B.18334 Date of Disbursement																				
Mailing Address PO Box 30015	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	8		2	0	0	8												
City Reno State NV Zip Code 89520-3015	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll Processing Fee Candidate Name	<table border="1"> <tr> <td colspan="10">18.77</td> </tr> </table>	18.77																			
18.77																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) QuickBooks Payroll Service	Transaction ID: SB21B.18335 Date of Disbursement																				
Mailing Address PO Box 30015	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	8		2	0	0	8												
City Reno State NV Zip Code 89520-3015	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll Processing Fee Candidate Name	<table border="1"> <tr> <td colspan="10">22.47</td> </tr> </table>	22.47																			
22.47																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

148.31

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
South Carolina Dept. of Revenue

Mailing Address c/of Withholding

City Columbia State SC Zip Code 29214-0004

Purpose of Disbursement
SC - Withholding

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.18338

Date of Disbursement

03 / 04 / 2008

Amount of Each Disbursement this Period

62.72

B. Full Name (Last, First, Middle Initial)
South Carolina Dept. of Revenue

Mailing Address c/of Withholding

City Columbia State SC Zip Code 29214-0004

Purpose of Disbursement
SC - Withholding

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.18339

Date of Disbursement

03 / 18 / 2008

Amount of Each Disbursement this Period

59.92

C. Full Name (Last, First, Middle Initial)
Corey Stern

Mailing Address 10420 Buckingham Drive

City Eden Prairie State MN Zip Code 55347-0000

Purpose of Disbursement
LP.org webmaster

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.18340

Date of Disbursement

03 / 10 / 2008

Amount of Each Disbursement this Period

600.00

SUBTOTAL of Disbursements This Page (optional)

722.64

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Robert Stuber

Mailing Address 11401 Little Bay Harbor Way

City State Zip Code
Spotsylvania VA 22553-0000

Purpose of Disbursement
Travel Reimbursement (See Memo)

Candidate Name

002
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.18342

Date of Disbursement

03 / 10 / 2008

Amount of Each Disbursement this Period

567.65

B.

Full Name (Last, First, Middle Initial)

USAirways

Mailing Address 2345 Crystal Dr

City State Zip Code
Arlington VA 22227-0000

Purpose of Disbursement
Travel Expense-Airfare

Candidate Name

002
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.18342.0

Date of Disbursement

03 / 10 / 2008

Amount of Each Disbursement this Period

567.65

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Erin K. Taylor

Mailing Address 339 Land's Mill

City State Zip Code
Marietta GA 30067-0000

Purpose of Disbursement
Employee Net Pay

Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.18344

Date of Disbursement

03 / 05 / 2008

Amount of Each Disbursement this Period

99.27

SUBTOTAL of Disbursements This Page (optional) ►

666.92

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 94 / 103

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Erin K. Taylor

Mailing Address 339 Land's Mill

City
Marietta

State
GA

Zip Code
30067-0000

Purpose of Disbursement
Employee Net Pay

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.18345

Date of Disbursement

03 / 19 / 2008

Amount of Each Disbursement this Period

94.05

B.

Full Name (Last, First, Middle Initial)

Telecompute Corporation

Mailing Address P.O. Box 106019

City
Atlanta

State
GA

Zip Code
30348-6019

Purpose of Disbursement
Teledata Services

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.18367

Date of Disbursement

03 / 10 / 2008

Amount of Each Disbursement this Period

49.72

C.

Full Name (Last, First, Middle Initial)

Ticketmaster

Mailing Address 1601 Elm St., Ste. 700

City
Dallas

State
TX

Zip Code
75201-0000

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.18348

Date of Disbursement

03 / 31 / 2008

Amount of Each Disbursement this Period

535.20

SUBTOTAL of Disbursements This Page (optional)

678.97

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 95 / 103

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

US LEC Corp.

Mailing Address PO Box 601310

City
Charlotte

State
NC

Zip Code
28260-1310

Purpose of Disbursement
Phone and Data Services

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.18349

Date of Disbursement

03 / 18 / 2008

Amount of Each Disbursement this Period

1128.26

B.

Full Name (Last, First, Middle Initial)

US LEC Corp.

Mailing Address PO Box 601310

City
Charlotte

State
NC

Zip Code
28260-1310

Purpose of Disbursement
Phone and Data Services

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.18350

Date of Disbursement

03 / 28 / 2008

Amount of Each Disbursement this Period

1705.42

C.

Full Name (Last, First, Middle Initial)

Verizon Wireless

Mailing Address PO Box 25505

City
Lehigh Valley

State
PA

Zip Code
18002-5505

Purpose of Disbursement
Phone and Data Services

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.18352

Date of Disbursement

03 / 28 / 2008

Amount of Each Disbursement this Period

96.48

SUBTOTAL of Disbursements This Page (optional)

2930.16

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LIBERTARIAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) Virginia Dept. of Taxation	Transaction ID: SB21B.18353 Date of Disbursement																				
Mailing Address PO Box 26644	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	4		2	0	0	8												
City Richmond State VA Zip Code 23261-6644	Amount of Each Disbursement this Period																				
Purpose of Disbursement VA - Withholding Candidate Name	<table border="1"> <tr> <td colspan="10">395.00</td> </tr> </table>	395.00																			
395.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Virginia Dept. of Taxation	Transaction ID: SB21B.18354 Date of Disbursement																				
Mailing Address PO Box 26644	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	8		2	0	0	8												
City Richmond State VA Zip Code 23261-6644	Amount of Each Disbursement this Period																				
Purpose of Disbursement VA - Withholding Candidate Name	<table border="1"> <tr> <td colspan="10">177.00</td> </tr> </table>	177.00																			
177.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Virginia Dept. of Taxation	Transaction ID: SB21B.18355 Date of Disbursement																				
Mailing Address PO Box 26644	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	8		2	0	0	8												
City Richmond State VA Zip Code 23261-6644	Amount of Each Disbursement this Period																				
Purpose of Disbursement VA - Withholding Candidate Name	<table border="1"> <tr> <td colspan="10">302.00</td> </tr> </table>	302.00																			
302.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

874.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LIBERTARIAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) Walton Press	Transaction ID: SB21B.18356 Date of Disbursement																				
Mailing Address 402 Mayfield Dr PO Box 966	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	0		2	0	0	8												
City Monroe State GA Zip Code 30655-0000	Amount of Each Disbursement this Period																				
Purpose of Disbursement Non Candidate Party Printing/Mailing Candidate Name	<table border="1"> <tr> <td colspan="10">2413.34</td> </tr> </table>	2413.34																			
2413.34																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type: 001																					
B. Full Name (Last, First, Middle Initial) Warner, Norcross & Judd	Transaction ID: SB21B.18357 Date of Disbursement																				
Mailing Address 1111 Lyon Street, N.W. 900 Fifth Third Center	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	0		2	0	0	8												
City Grand Rapids State MI Zip Code 49503-2489	Amount of Each Disbursement this Period																				
Purpose of Disbursement Legal Services Candidate Name	<table border="1"> <tr> <td colspan="10">2625.00</td> </tr> </table>	2625.00																			
2625.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type: 001																					
C. Full Name (Last, First, Middle Initial) Worldwide Express - DHL	Transaction ID: SB21B.18369 Date of Disbursement																				
Mailing Address 1911 North Ft. Myer Dr. Ste 108	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	0		2	0	0	8												
City Arlington State VA Zip Code 22209-0000	Amount of Each Disbursement this Period																				
Purpose of Disbursement Shipping Services Candidate Name	<table border="1"> <tr> <td colspan="10">87.07</td> </tr> </table>	87.07																			
87.07																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type: 001																					

SUBTOTAL of Disbursements This Page (optional)

5125.41

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Worldwide Express - DHL

Mailing Address 1911 North Ft. Myer Dr. Ste 108

City
Arlington

State
VA

Zip Code
22209-0000

Purpose of Disbursement
Shipping Services

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.18359

Date of Disbursement

MM / DD / YYYY
03 / 28 / 2008

Amount of Each Disbursement this Period

442.38

SUBTOTAL of Disbursements This Page (optional)

442.38

TOTAL This Period (last page this line number only)

116279.08

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 Advanced Mailing Services, LLC

 Nature of Debt (Purpose):
 Non Candidate Party Print-
 ing Services

Mailing Address 14970 Farm Creek Drive

City	State	ZIP Code
Woodbridge	VA	22191-3550

Outstanding Balance Beginning This Period

1308.57

Transaction ID: SD10.13587

Amount Incurred This Period

0.00

Payment This Period

1308.57

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 Advanced Mailing Services, LLC

 Nature of Debt (Purpose):
 Non Candidate Party Print-
 ing/Mailing

Mailing Address 14970 Farm Creek Drive

City	State	ZIP Code
Woodbridge	VA	22191-3550

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.18458

Amount Incurred This Period

3657.86

Payment This Period

0.00

Outstanding Balance at Close of This Period

3657.86

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 Christy Carmody

 Nature of Debt (Purpose):
 Non Candidate Party Graph-
 ic Design

Mailing Address 1751 Camarillo Drive

City	State	ZIP Code
N. Las Vegas	NV	89031-0000

Outstanding Balance Beginning This Period

800.00

Transaction ID: SD10.13588

Amount Incurred This Period

0.00

Payment This Period

800.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

3657.86

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
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numbered line)

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FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
LIBERTARIAN NATIONAL COMMITTEE**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Cockle Printing CompanyNature of Debt (Purpose):
Law Brief Printing

Mailing Address 2311 Douglas Street

City State ZIP Code
Omaha NE 68102

Outstanding Balance Beginning This Period

388.04

Transaction ID: SD10.13589

Amount Incurred This Period

0.00

Payment This Period

388.04

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Commonwealth Digital Office SolutionsNature of Debt (Purpose):
Copier Maintenance

Mailing Address 21205 Ridgetop Circle

City State ZIP Code
Sterling VA 20166-6501

Outstanding Balance Beginning This Period

152.07

Transaction ID: SD10.13598

Amount Incurred This Period

0.00

Payment This Period

152.07

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
DirectMail.comNature of Debt (Purpose):
Non Candidate Party Print-
ing/MailingMailing Address 5511 Ketch Road
Attn: Beverly KalbaughCity State ZIP Code
Prince Frederick MD 20678-0000

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.18459

Amount Incurred This Period

6736.65

Payment This Period

0.00

Outstanding Balance at Close of This Period

6736.65

1) **SUBTOTALS** This Period This Page (optional).....

6736.65

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 101 / 103

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
LIBERTARIAN NATIONAL COMMITTEE**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Great American LeasingNature of Debt (Purpose):
Lease Agreement-Equipment

Mailing Address 8742 Innovation Way

City State ZIP Code
Chicago IL 60682

Outstanding Balance Beginning This Period

96.63

Transaction ID: SD10.13591

Amount Incurred This Period

0.00

Payment This Period

96.63

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Joe Ragan'sNature of Debt (Purpose):
Office Supplies

Mailing Address PO Box 125

City State ZIP Code
Springfield VA 22150-0125

Outstanding Balance Beginning This Period

682.25

Transaction ID: SD10.13593

Amount Incurred This Period

0.00

Payment This Period

682.25

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
National Electronic Type, IncNature of Debt (Purpose):
Outreach Materials

Mailing Address 2320 S. Kansas Ave

City State ZIP Code
Topeka KS 66611

Outstanding Balance Beginning This Period

364.62

Transaction ID: SD10.13594

Amount Incurred This Period

0.00

Payment This Period

364.62

Outstanding Balance at Close of This Period

0.00

1) SUBTOTALS This Period This Page (optional).....

0.00

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
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PAGE 102 / 103

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
LIBERTARIAN NATIONAL COMMITTEE**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Telecompute CorporationNature of Debt (Purpose):
Teledata Services

Mailing Address P.O. Box 106019

City State ZIP Code
Atlanta GA 30348-6019

Outstanding Balance Beginning This Period

49.72

Transaction ID: SD10.13596

Amount Incurred This Period

0.00

Payment This Period

49.72

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Worldwide Express - DHLNature of Debt (Purpose):
Shipping Services

Mailing Address 1911 North Ft. Myer Dr. Ste 108

City State ZIP Code
Arlington VA 22209-0000

Outstanding Balance Beginning This Period

87.07

Transaction ID: SD10.13597

Amount Incurred This Period

0.00

Payment This Period

87.07

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

0.00

2) **TOTALS** This Period (last page this line number only).....

10394.51

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

10394.51

Form/Schedule: **F3XN**

Transaction ID:

The Committee wishes to disclose the following: 1) No expenditures designated on Schedule B supporting Line 21b were made on behalf of any specifically identified federal candidate. 2) The Libertarian National Committee (LNC) requests address, employer, and occupation information from all contributors whose yearly aggregate contributions exceed \$200.00 and informs them of the requirement of complying with 11 CFR 104.7(b)(1). In the event that the information is not supplied as a result of the initial request, Committee makes a subsequent attempt to collect the information by mail, email, or telephone contact within 30 days of the initial contribution. This 'follow up' request a) clearly asks for the missing information without requesting a contribution, b) informs the contributor of the requirements for reporting such information under federal law, and c) is enclosed with a pre-addressed envelope when sent by postal mail. If the information is submitted after the initial monthly report is filed, the contributor master file is updated and the information is updated in memo entries filed with the next regularly scheduled report. The Committee also makes periodic requests during the year for all contributors to update their contact information and for contributors whose yearly contributions aggregate to more than \$200 to update their Employer/Occupation information.